

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759318

(9)

1. Corporation Name

TAMARAC SOCCER CLUB, INC.



Principal Place of Business

P.O. BOX 26835
TAMARAC FL 33320-6835

Mailing Address

P.O. BOX 26835
TAMARAC FL 33320-6835

3. Date Incorporated or Qualified
07/27/1981

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**POUCH, ARNOLD
8240 NW 66TH TERR
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
POUCH, ARNOLD**
STREET ADDRESS **8240 NW 66TH TERR**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☒ DELETE

NAME **V
RUSTY, POUCH**
STREET ADDRESS **8240 NW 66TH TERRACE**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☒ DELETE

NAME **SD
VERHELST, NANCY**
STREET ADDRESS **8620 NW 54TH ST**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ DELETE

NAME **TD
BUA, LINDA**
STREET ADDRESS **8117 NW 73RD TERRACE**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **CD
HILL, TOM**
STREET ADDRESS **7802 NW 73RD AVE**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☒ DELETE

NAME **TC
FERNANDEZ, DAN**
STREET ADDRESS **8095 NW 71ST CT**
CITY-ST-ZIP **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arnold C. Pouch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRUSTEE 5-1-96 954-721-7431

Date

Daytime Phone #

CR2E037 (12/95)